



# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

|                      |                       |
|----------------------|-----------------------|
| Application Number   | 09/885,287            |
| Filing Date          | June 21, 2001         |
| First Named Inventor | Andreas SEWING et al. |
| Examiner Name        | S. Gollamudi          |
| Group / Art Unit     | 1616                  |
| Attorney Docket No.  | MERCK-2261            |

TOTAL AMOUNT OF PAYMENT (\$) 110

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TECH CENTER 1600/2900

| METHOD OF PAYMENT (check one)   |                       |                       |                       |  | FEE CALCULATION (continued)  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
|---|-----------------------|-----------------------|-----------------------|--|--|-----------------------|--------------------|-----------------------|-----------------|----------|-----------------------|-----------------------|-----------------------|-----------------|------------------------|-----|-----|-----|-----|-------------------------------------|-----------------------------------|-----|-----|-----|-----|---|---------------------------------------|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|--------------|-----|------|--|--|--------|--------|-----|--------|---|--|-----|-----|-----|----|--|-----|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 03-3402</p> <p>Deposit Account Name: Millen, White, Zelano &amp; Branigan, P.C.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>  |                       |                       |                       |  | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td>110</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |                       |                    |                       |                 | Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid               | 105 | 130 | 205 | 65  | Surcharge - late filing fee or oath |                                   | 127 | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet. |                                       | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920*         | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113    | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month | 110 | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 130 | 123 | 130 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description  | Fee Paid   |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 105   | 130                   | 205                   | 65                    | Surcharge - late filing fee or oath  |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 127   | 50                    | 227                   | 25                    | Surcharge - late provisional filing fee or cover sheet.                    |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 139   | 130                   | 139                   | 130                   | Non-English specification  |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 147   | 2,520                 | 147                   | 2,520                 | For filing a request for reexamination                                     |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 112   | 920*                  | 112                   | 920*                  | Requesting publication of SIR prior to Examiner action                     |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 113   | 1,840*                | 113                   | 1,840*                | Requesting publication of SIR after Examiner action                        |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 115   | 110                   | 215                   | 55                    | Extension for reply within first month                                     | 110  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 116   | 400                   | 216                   | 200                   | Extension for reply within second month                                    |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 117   | 920                   | 217                   | 460                   | Extension for reply within third month                                     |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 118   | 1,440                 | 218                   | 720                   | Extension for reply within fourth month                                    |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 128   | 1,960                 | 228                   | 980                   | Extension for reply within fifth month                                     |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 119   | 320                   | 219                   | 160                   | Notice of Appeal   |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 120   | 320                   | 220                   | 160                   | Filing a brief in support of an appeal                                     |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 121   | 280                   | 221                   | 140                   | Request for oral hearing   |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 138   | 1,510                 | 138                   | 1,510                 | Petition to institute a public use proceeding                              |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 140   | 110                   | 240                   | 55                    | Petition to revive - unavoidable   |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 141   | 1,280                 | 241                   | 640                   | Petition to revive - unintentional   |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 142   | 1,280                 | 242                   | 640                   | Utility issue fee (or reissue)   |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 143   | 460                   | 243                   | 230                   | Design issue fee   |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 144   | 620                   | 244                   | 310                   | Plant issue fee  |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 122   | 130                   | 122                   | 130                   | Petitions to the Commissioner  |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 123   | 130                   | 123                   | 130                   | Petitions related to provisional applications                              |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 126   | 180                   | 126                   | 180                   | Submission of Information Disclosure Stmt                                  |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 581   | 40                    | 581                   | 40                    | Recording each patent assignment per property (times number of properties) |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 146   | 740                   | 246                   | 370                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 149   | 740                   | 249                   | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))           |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 179   | 740                   | 279                   | 370                   | Request for Continued Examination (RCE)                                    |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 169   | 900                   | 169                   | 900                   | Request for expedited examination of a design application                  |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>   |                       |                       |                       |  |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <p><b>FEE CALCULATION</b></p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (1)</td><td>(\$ 0)</td></tr> </tbody> </table>  |                       |                       |                       |  | Large Fee Code   | Large Entity Fee (\$) | Small Fee Code     | Small Entity Fee (\$) | Fee Description | Fee Paid | 101                   | 740                   | 201                   | 370             | Utility filing fee     |     | 106 | 330 | 206 | 165                                 | Design filing fee                 |     | 107 | 510 | 207 | 255   | Plant filing fee                      |     | 108 | 740 | 208 | 370                       | Reissue filing fee                                 |     | 114   | 160 | 214   | 80                                     | Provisional filing fee                                     |     | SUBTOTAL (1) |     |      |  |  | (\$ 0) |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Fee Code  | Large Entity Fee (\$) | Small Fee Code        | Small Entity Fee (\$) | Fee Description  | Fee Paid   |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 101   | 740                   | 201                   | 370                   | Utility filing fee   |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 106   | 330                   | 206                   | 165                   | Design filing fee  |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 107   | 510                   | 207                   | 255                   | Plant filing fee   |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 108   | 740                   | 208                   | 370                   | Reissue filing fee   |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 114   | 160                   | 214                   | 80                    | Provisional filing fee   |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| SUBTOTAL (1)  |                       |                       |                       |  | (\$ 0)   |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>-20** = 0</td> <td>X</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td>-3** = 0</td> <td>X</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td>0</td> </tr> </tbody> </table>   |                       |                       |                       |  | Total Claims   | Independent Claims    | Multiple Dependent | Extra Claims          | Fee from below  | Fee Paid |                       |                       |                       | -20** = 0       | X                      | 0   |     |     |     | -3** = 0                            | X                                 | 0   |     |     |     |   | X                                     | 0   |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Total Claims  | Independent Claims    | Multiple Dependent    | Extra Claims          | Fee from below   | Fee Paid   |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
|   |                       |                       | -20** = 0             | X  | 0  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
|   |                       |                       | -3** = 0              | X  | 0  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
|   |                       |                       |                       | X  | 0  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (2)</td><td>(\$ 0)</td></tr> </tbody> </table> |                       |                       |                       |  | Large Fee Code   | Large Entity Fee (\$) | Small Fee Code     | Small Entity Fee (\$) | Fee Description | Fee Paid | 103                   | 18                    | 203                   | 9               | Claims in excess of 20 |     | 102 | 84  | 202 | 42                                  | Independent claims in excess of 3 |     | 104 | 280 | 204 | 140   | Multiple dependent claim, if not paid |     | 109 | 84  | 209 | 42                        | ** Reissue independent claims over original patent |     | 110   | 18  | 210   | 9                                      | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2) |     |      |  |  | (\$ 0) |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Fee Code  | Large Entity Fee (\$) | Small Fee Code        | Small Entity Fee (\$) | Fee Description  | Fee Paid   |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 103   | 18                    | 203                   | 9                     | Claims in excess of 20   |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 102   | 84                    | 202                   | 42                    | Independent claims in excess of 3  |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 104   | 280                   | 204                   | 140                   | Multiple dependent claim, if not paid                                      |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 109   | 84                    | 209                   | 42                    | ** Reissue independent claims over original patent                         |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 110   | 18                    | 210                   | 9                     | ** Reissue claims in excess of 20 and over original patent                 |  |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| SUBTOTAL (2)  |                       |                       |                       |  | (\$ 0)   |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <p>**or number previously paid, if greater; For Reissues, see above</p>   |                       |                       |                       |  | <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) (\$ 110)</p>   |                       |                    |                       |                 |          |                       |                       |                       |                 |                        |     |     |     |     |                                     |                                   |     |     |     |     |   |                                       |     |     |     |     |                           |  |     |       |     |       |  |  |     |              |     |      |  |  |        |        |     |        |   |  |     |     |     |    |  |     |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |

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| Signature         |                   |                                  |                          | Date      | November 26, 2002 |

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